



Springfield-Greene County
Health Department
Helping people live longer, healthier, happier lives

Temporary Food Event Coordinator's Application

The application must be completed and submitted to the Springfield-Greene County Health Department **at least 14 days before an event.**

Submission Date: _____

Event Coordinator (applicant):

Name & Date(s) of Event:

Name: _____

Address: _____

Location of Event:

Phone #(s): _____

Expected number of patrons: _____

Fax #: _____

Email _____

Is all money raised from the event given to a not-for-profit organization? _____

Will the food vendors be selling their food to the public? _____

Description of the site of event:

Please list the name(s) of event coordinator(s)/responsible individuals(s). Please also list the names and contact information for coordinators to be contacted **during** the entire event: (attach another sheet if necessary)

| | Name | Address | Phone number(s) |
|----|-------|---------|-----------------|
| a. | _____ | _____ | _____ |
| b. | _____ | _____ | _____ |
| c. | _____ | _____ | _____ |
| d. | _____ | _____ | _____ |
| e. | _____ | _____ | _____ |

1. Please list the name of individual food vendors responsible for each TFE site, (attach another sheet if necessary):

| | Business Name | Address | Contact Name | Phone number(s) | Email |
|----|------------------|---------|--------------|-----------------|-------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

2. Date & time that above food service operations will be serving:

3. Describe toilet & handwashing facilities (type, number, and location):

a. Who will be responsible for their maintenance during the event?: _____

b. If portable toilets are used, how often will they be serviced (emptied) during the event?:

4. Will electricity be provided to the TFE sites? ____yes ____no. If yes, please describe how:

5. Describe potable water supply (note: if a non-public water supply is to be used, the results of the most recent water test must be submitted):

6. Describe waste water disposal system:

7. Describe how waste/trash will be disposed of:

**STATEMENT OF VERIFICATION Application for
Coordinators of Temporary Food Events**

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Springfield-Greene County Health Department may nullify final approval. **I further understand that it is my responsibility to notify all vendors, participating in this event, to fill out a Temporary Food Permit Application and pay the required permit fee, at least 7 days in advance of the event. Furthermore, it is my responsibility to inform vendors that if they do not submit their Temporary Food Permit Application on time, they will be denied a Temporary Food Service Permit on the day of the event and will not be allowed to operate.**

Signature(s) Coordinator (Applicant):

Date: _____

Approval of these plans and specifications by the Springfield/Greene County Health Department does **NOT** indicate compliance with any other code, law or regulation. Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with applicable regulations.

**Please mail application to: Springfield-Greene County Health Department
Attn: Temporary Event Supervisor
320 E. Central
Springfield, MO 65802**

Or fax application to: (417)864-1104

For questions, please call: (417)864-1017

<http://health.springfieldmo.gov/>

Notes/Comments: _____

